PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to	Attorney Docket I	Vo.	09610.1271							
Mail	First Named Inver	ntor	Alan K. Schaer							
Com	Original Patent No		6,251,107 ^A							
P.O. Alex	Original Patent Iss (Month/Day/Ye		06/26/2001							
		\	Express Mail Lab	el No.	EV 301463949 US					
	I FOR REISSUE OF:	Design F	Plant Patent P							
APPLICA	APPLICATION ELEMENTS (37 CFR 1.173)				ACCOMPANYING APPLICATION PARTS					
1. (Submit an o	nsmittal Form (PTO/SB/56) nriginal, and a duplicate for fee processing) claims small entity status. See 37 CFf tion and Claims in double column copy	10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. Original U.S. Patent for surrender Ribboned Original Patent Grant								
1 C	mended, if appropriate) s) (proposed amendments, if appropria	Statement of Loss (PTO/SB/55)								
Reissue	s) (proposed amendments, if appropriation (original or copy) UN 3. § 1.175) (PTO/SB/51 or 52)	12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)								
6. Power of	Attorney UNSIGNED		13. Information Disclosure Copies of II Statement (IDS)/PTO-1449 Citations							
	atent currently assigned? Yes	14. English Translation of Reissue Oath/Declaration (if applicable)								
✓ Written 0	15. Preliminary Amendment									
37 C.F.F. (PTO/SE	16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)									
8. CD-RON or large	/I or CD-R in duplicate, Computer Prog table	17. Other: Offer to submit original								
Nucleotide and/ (if applicable, as	or Amino Acid Sequence Submission If of the following are necessary)	Letters Patent								
a. Compu	uter Readable Form (CRF)									
b. Specification Sequence Listing on: CD-ROM (2 copies) or CD-R (2 copies); or Dapter Dapter										
c. Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS										
Customer Number or Bar Code Label Customer Number or Bar Code Label (insert Customer No. or Attach bar code label harre)										
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NAME (Prin	NAME (PrintType) Edward J. Lypich			Registration No. (Attorney/Agent) 24,422						
Signature Award less Date										
Burden Hour Statement	This form & actimated to take 0.0 hours to	complete Time will	unny depending upon the	needs of the	individual case. Any comments of					

Burden Hour Statement: This form 's estimated to face (0 behardy/complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form's should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

10/601288

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional)					
09610.1271 Claims as Filed - Part 1												
Claims in Number Filed in					(3)	Small E	ntity		Other than a	Small Entity		
Patent			Application	Nun	ber Extra	Rate	Fee		Rate	Fee		
(A) 35	Total Claims (37 CFR 1.16(j))	(B)77		****	*57 =	x\$ <u>9</u> =	513.00	or	×\$=			
(C) ₉	Independent claims (37 CFR 1.16(i))	^(D) 18		* 8 =		x\$ <u>42</u> =	336.00	OI .	×\$=			
Basic Fee (37 CFR 1.16(h)) \$375.00 \$												
Total Filing Fee \$1224 00 OR \$												
Claims as Amended - Part 2												
	(1)	(2)		(3)		Small Entity			Other than a Small Entity			
Claims Remain After Amendm				ily C	Extra Claims Present	Rate	Fee	T	Rate	Fee		
Total Claims (37 CFR 1.16)	3 244	MINUS	**		*=	xs =		T	x\$	=		
Independent Claims (37 CFR 1.16	***	MINUS			=	x\$ =		7	×S :			
Claims (57 CFR 1.16	(0)	٠			Total A	iditional Fee	\$	1	OR	\$		
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.												
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.												
*** After any cancellation of claims.												
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).												
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).												
Applicant-claims small entity status. See 37 CFR 1.27.												
Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.												
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or												
credit any overpayment to Deposit Account No. 13-0201 A duplicate copy of this sheet is enclosed.												
A check in the amount of \$ 1224.00 to cover the filing / additional fee is enclosed.												
Payment by credit card. Form PTO-2038 is attached.												
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
De iniciaded on this form. Provide credit card information and authorization on P10-2036.												
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6/20/03												
Signature of Applicative thomey or Agent of Record Edward J. Lynch, Reg. No. 24,422												
												Typed or printed name